I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLAS FALCONE

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: NDM HOSPITALITY SERVICES, LLC Current Principal Place of Business:

1645 PALM BEACH LAKES BLVD 1200 WEST PALM BEACH, FL 33401

DOCUMENT# L11000075631

Current Mailing Address:

1951 N.W. 19TH STREET, SUITE 200 BOCA RATON, FL 33431

FEI Number: 45-2654112

Name and Address of Current Registered Agent:

GERSON, GARY N 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH, FL 33401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	FALCONE, NICHOLAS	Name	FALCONE, DANIEL
Address	1951 NW 19TH STREET, STE 200	Address	1951 NW 19TH STREET, STE 200
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431

2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED Sep 18, 2013 Secretary of State CC6580673388

Certificate of Status Desired: No

MANAGER

09/18/2013

Date

Date